



3628
#19

PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

| | |
|------------------------|-------------|
| Application Number | 09/590,942 |
| Filing Date | 9 JUNE 2000 |
| First Named Inventor | ARI PINE |
| Art Unit | UNASSIGNED |
| Examiner Name | UNASSIGNED |
| Attorney Docket Number | M-8579 US |

Please change the Correspondence Address for the above-identified application to:

☐

Customer Number

Type Customer Number here

Place Customer
Number Bar Code
Label here

OR

| | | | | | |
|---|------------------|-------|----|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | ARI PINE | | | | |
| Address | 1578 GARY STREET | | | | |
| Address | | | | | |
| City | EAST MEADOW | State | NY | ZIP | 11554 |
| Country | USA | | | | |
| Telephone | 516 486 8673 | Fax | | | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☒

Applicant/Inventor.

☐

Assignee of record of the entire interest.

☐

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐

Attorney or Agent of record.

☐

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

RECEIVED

MAY 27 2003

GROUP 3600

Typed or Printed
Name

ARI PINE

Signature

ARI PINE

Date

19 MAY 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒

*Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

| | |
|------------------------|-------------|
| Application Number | 09/596,942 |
| Filing Date | 9 JUNE 2000 |
| First Named Inventor | ARI PINE |
| Art Unit | UNASSIGNED |
| Examiner Name | UNASSIGNED |
| Attorney Docket Number | M-8579 US |

Please change the Correspondence Address for the above-identified application to:

☐

Customer Number

Type Customer Number here

Place Customer
Number Bar Code
Label here

OR

☐Firm or
Individual Name

Arthur Shmurun

Address

695 Beach Park Blvd

Address

City

Foster City

State

CA

ZIP

94404

Country

Telephone

650 349 2510

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

RECEIVED

MAY 27 2003

GROUP 3600

I am the :

☒

Applicant/Inventor.

☐

Assignee of record of the entire interest.

☐

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐

Attorney or Agent of record.

☐

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name

Arthur Shmurun

Signature

Date

5/15/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒

*Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.